

Photography Release

I hereby give my consent for Harwood-Watson Dance Studios to use my child's (children's) likeness in photographic, social media and/or video to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below. I understand that there is no compensation for any use of the photography or videos in these publications.

Names and ages of minor children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Parent/Guardian or Adult Student *Signature*: _____ Date: _____

Consent to Medical Treatment

In an emergency, when parental permission is not available, I hereby give my permission for a staff member of Harwood-Watson Dance Studios to provide emergency medical treatment for our child and/or ward.

PRINTED Name of Child: _____

Name of Child: _____

Name of Child: _____

PRINTED Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Liability Waiver

I am aware that dance and the nature of the training and performing associated with Harwood-Watson Dance Studios place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child (children) and myself, I assume the risk and agree that Harwood-Watson Dance Studios and the staff of this institution shall not be liable in any way for injuries sustained during attendance in classes, rehearsals, or any related functions.

It is also understood that dance instruction involves kinetic corrections that may include physically touching a student as part of regular class work and rehearsals. Parents/Guardians or students with any concerns should speak with their instructors before class.

PRINTED Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Staff initials: _____ Date: _____

Medical Information

Disclosing the information on this form is optional for parents. However, HW Dance Studios cannot be held responsible for consequences arising from a lack of information about a student's medical history or medical condition/s. I have read and understand this statement.

Parent/Guardian *Signature:* _____ Date: _____

| Student 1 Name | Student 2 Name | Student 3 Name |
|---|---|---|
| Date of Birth: _____ | Date of Birth: _____ | Date of Birth: _____ |
| Student's Insurance: | | |
| Name of Primary Insured: | Name of Primary Insured: | Name of Primary Insured: |
| Relationship to Student: _____ | Relationship to Student: _____ | Relationship to Student: _____ |
| Individual + Group Numbers: | Individual + Group Numbers: | Individual + Group Numbers: |
| Preferred Hospital: | Preferred Hospital: | Preferred Hospital: |
| Preferred Physician: | Preferred Physician: | Preferred Physician: |
| Physician's PHONE: | Physician's PHONE: | Physician's PHONE: |
| General Health of Student - (Please Circle) | General Health of Student - (Please Circle) | General Health of Student - (Please Circle) |
| Good Fair Poor | Good Fair Poor | Good Fair Poor |
| Student Allergies? (foods, medicines, insect stings, etc.) | Student Allergies? (foods, medicines, insect stings, etc.) | Student Allergies? (foods, medicines, insect stings, etc.) |
| Yes No | Yes No | Yes No |
| Please list allergies & recommended treatment: | Please list allergies & recommended treatment: | Please list allergies & recommended treatment: |
| | | |
| Student Medications: | Student Medications: | Student Medications: |
| | | |
| Student have Asthma? Y N | Student have Asthma? Y N | Student have Asthma? Y N |
| Recommended Tx: | Recommended Tx: | Recommended Tx: |
| Chronic/Severe Illness or Injuries or recent surgery? Y N | Chronic/Severe Illness or Injuries or recent surgery? Y N | Chronic/Severe Illness or Injuries or recent surgery? Y N |
| List: | List: | List: |
| | | |
| Hearing or Vision Aids? Y N | Hearing or Vision Aids? Y N | Hearing or Vision Aids? Y N |
| List: | List: | List: |
| | | |
| Disabilities? Y N | Disabilities? Y N | Disabilities? Y N |
| List: | List: | List: |
| | | |
| Seizures? Y N | Seizures? Y N | Seizures? Y N |
| OTHER: | OTHER: | OTHER: |
| | | |

Staff initials: _____ Date: _____

2018-19 Student Commitment Contract

- I will be in class, with the proper attire (dress code and hair, no jewelry, only stud earrings accepted), warmed up and focused before class begins. I will take responsibility for being on time to all classes, rehearsals and performances.
- I will be focused throughout class, accept and apply corrections, and follow directions.
- Whenever possible I will attend dance performances such as the Harwood-Watson student company productions, VCC East Dance Repertory and performances of the Orlando Ballet to help broaden my understanding of dance.
- I will respect the facility around me whether at HWDS or at any venue I am representing HWDS and clean up after myself at all times. I will help keep the dressing rooms and bathrooms clean and neat.
- I will be supportive of my peers and participate fully for the duration of each class. I will maintain a consistently respectful attitude toward my class, my peers, teachers, administrators and all the student body family of HWDS.

Signature of Student 1: _____ Date: _____

Signature of Student 2: _____ Date: _____

Signature of Student 3: _____ Date: _____

****Signature of Parent or Guardian:** _____ Date: _____

2018-19 Family Commitment Contract

- I have read and will follow the HWDS Studio Policies.
- I will make sure my children are wearing appropriate cover-ups over their dancewear when entering and exiting Harwood-Watson Dance Studios or any venue (e.g., a theater) representing HWDS.
- I will support my children's participation in dance classes by ensuring punctual transportation for them to and from classes, rehearsals, and performances.
- I will take responsibility for my children having the correct and necessary uniform (including proper hair style) according to the dress code for each class.
- I will be aware of my children's other activities and plan accordingly. When necessary, my children or I will contact the studio before their designated class time/s to inform staff of any absences. I will facilitate my child making up missed classes within the specified time limit if at all possible. I understand that tuition will not be refunded for missed classes.
- I understand that classes missed due to absences may be made up in **any** class in my children's level or below before March 2019 *OR* after HWDS 2019 Showcase, if time remaining, to June 15, 2019; and only in the same or comparable dance genre (example: Ballet for Ballet) after March 2019 and before HWDS Showcase 2019. If I am unable to have my child/children make up missed classes, I understand the opportunity to make up classes is forfeited.
- I will treat the studio (including the lobby, restrooms and waiting areas) with respect and as a busy working place. Snacks, drinks and any foods will be minimal and consumed with respect to others around me including no strong aromas. Street shoes will not be worn on the dance flooring. No one will enter the classrooms without staff invitation.
- If younger siblings (or other children) are waiting with me, I understand that I must supervise them and their activities at all times. No running, loud voices or noises, horseplay, swinging on the drapes, etc., at any time; and traffic areas must be kept clear for safety. All volume will be kept low and any louder activity will be taken outside.
- I will be sure my child and other family members are aware of all HW Dance Studios policies and the behavior that is expected of them while at HW Dance Studios.
- I understand that I must give **written notice** of cancellation if my children need to drop any or all classes at least 30 days prior to their last attend-able class/es in order to stop billing tuition.

Signature of Parent or Guardian: _____ Date: _____

Staff initials: _____ Date: _____



Harwood-Watson Dance Studios

2018-19 CREDIT CARD AUTO PAYMENT CONTRACT

~ For Bi-Annual Payment and Monthly Payments ~

I, _____, hereby authorize Harwood-Watson Dance Studios to charge my credit card on the first of each remaining nine tuition months \$_____ (from October 1, 2018 through June 3, 2019) to pay for my children's classes.

Or —

I, _____, prefer to pay in person at the studio before the 10th of the month. I understand that if I have not paid by the end of business operations on the 10th that HW Dance Studios has my permission to charge my credit card for that month's tuition the following day.

Please print ALL information: Registration Date: _____ Class START Date: _____

PARENT name (S): _____

STUDENT 1 name: _____ STUDENT 2 name: _____ STUDENT 3 name: _____

STUDENT 4 name: _____ STUDENT 5 name: _____ STUDENT 6 name: _____

(CHOOSE ONE): BI-ANNUAL Tuition Amount \$_____ Monthly Tuition Amount \$_____

EMAIL (s): _____

HOME phone: _____ **CELL:** _____ **CELL:** _____

Credit Card TYPE: AX Visa MC Discovery

Credit Card # _____ Expiration DATE: _____

CREDIT CARD **BILLING** Address: _____ City: _____ ZIP: _____

Signature: _____ Date: _____

****Alternate** Credit Card (OPTIONAL) TYPE: AX Visa MC Discovery

Credit Card # _____ Expiration DATE: _____

Billing Address ZIP CODE: _____

Signature: _____ Date: _____

Staff initials: _____ **Date:** _____